

Work Order ID 91280

91280

Page 1

October-05-12 9:21:52 AM

Item ID: 647.0210 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Rail
 Start Date: 10/04/12 Start Qty: 26.00 ***26*** Cust Item ID:
 Required Date: 10/31/12 Req'd Qty: 26.00 ***26*** Customer:
 Reference:

Approvals: Process Plan: ML5 Date: 12-10-05 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
647.0200	N/C

100	BAND SAW	0.00				12	0		
100									
Bandsaw	Memo	0.00							
Jeaspa Bandsaw	Cut Blank at 15.800"								

110	HAAS CNC VERTICAL MACHINING #1	0.00				10	2		
110									
HAAS I	Memo	0.00							
HAAS CNC vertical machine #1	1-Machine per folio FB138 DWG REV: <u>N/C</u> FOLIO REV: <u>AA</u>								

2- deburr and break all sharp edges

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Autz Date: 12/12/04QA Closed: CK Date: 11

Work Order: <u>91280</u>				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. <u>647.0210</u>				Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		Skid-tube <input type="checkbox"/> Machining <input checked="" type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>					
NCR No. <u>12-2674</u>											

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>	<u>12/10/17</u>	<u>110</u>	<u>2</u>	Thickness of middle rib is too thin... Tool wasn't raised enough or Part lifted	<u>DAS 16</u> <u>9-89</u> <u>057042</u> <u>12/10/19</u>	<u>scrap and destroy</u> <u>no replace</u> <u>207.42</u> <u>* 2</u> <u>40289</u>	<u>12/10/17</u>	<u>DAS 25</u> <u>9-89</u>	<u>DAS 16</u> <u>9-89</u> <u>057042</u> <u>12/10/19</u>
Equip/Tooling <input checked="" type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input checked="" type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced		<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure		
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld		<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled		
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Moved		<input type="checkbox"/> Positioned Wrong	<input checked="" type="checkbox"/> Other			
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Power Loss/Surge		<u>needs better holding devices</u>				
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance							
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled							
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread							
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

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91280

Page 2

Item ID: 647.0210

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Rail

Start Date: 10/04/12 Start Qty: 26.00

26

Cust Item ID:

Required Date: 10/31/12 Req'd Qty: 26.00

26

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start ***NR1***

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

12/10/17
12/10/17

2

130

QC8- Inspect parts - second check

0.00

130

QC

Memo

0.00

Quality Control

DAS 12-10-19
25
9-89

10

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O: 18206
Black Anodize as per Dwg 647.0200

12/10/22 (10)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 91280

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Item ID: 647.0210 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Rail
 Start Date: 10/04/12 Start Qty: 26.00 ***26*** Cust Item ID:
 Required Date: 10/31/12 Req'd Qty: 26.00 ***26*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
150									
Packaging	Memo	0.00							
Packaging									
155	QC5- Inspect part completeness to step on W/O	0.00							
155									
QC	Memo	0.00							
Quality Control									
160	Spray Painting per QSI005 4.2	0.00							
160									
SprayPaint	Memo	0.00							
Spray Painting	PRIME AS PER DWG, SEE NOTE #2								
	CARDINAL 4860-50 PRIMER BATCH: <u>122543</u>								

[Handwritten signature]
[Handwritten signature]

10

10 0 0 12-11-17

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 91280

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91280

Page 4

Item ID: 647.0210

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Rail

Stop ***NS2***

Start Date: 10/04/12 Start Qty: 26.00

26

Cust Item ID:

Required Date: 10/31/12 Req'd Qty: 26.00

26

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170 *170* QC Quality Control	QC14- Inspect Spray Paint Memo	0.00 0.00		<i>DAS 16</i> <i>12/14/20</i>		<i>(410)</i>			
180 *180* Packaging Packaging	Identify as per dwg & Stock Location: <i>ST</i> <i>489A</i> Memo ***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***	0.00 0.00							<i>12/14/20 (10)</i>
190 *190* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							<i>12/11/20</i> <i>MF</i> <i>12-11-20</i>

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

October-05-12 9:21:51 AM

Page 1

Work Order ID: 91280

Parent Item: 647.0210

Parent Item Name: Rail

Start Date: 10/04/12

Required Date: 10/31/12

Start Qty: 26.00

Required Qty: 26.00

Comments: IPP REV:A NEW ISSUE 12/10/02 JFS VERIFY BY: DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B1.750X02.250 7075-T6 BAR 1.750" X 2.250"		Purchased	No			100	f	0.0000	1.32	36.126316			

→ 123260 x 16"

OK 12/10/16

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

DART AEROSPACE LTD		Work Order: 91280
Description: Rail		Part Number: 647.0210
Inspection Dwg:	Rev: NTC	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
.19	+/- .010				H-G	31006
1.240	+/- .005	1.237	—		"	"
1.272	+/- .005	1.273	—		"	"
1.294	+/- .005	1.2935	—		"	"
1.299	+/- .005	1.299	—		"	"
.92	+/- .010	.920	—		"	"
2.32	+/- .010	2.320	—		"	"
6.124	+/- .005	6.1215	—		"	"
8.224	+/- .005	8.2215	—		"	"
10.324	+/- .005	10.8215	—		"	"
12.424	+/- .005	12.421	—		"	"
12.74	+/- .010	12.740	—		"	"
15.38	+/- .010	15.384	—		"	"
15.64	+/- .010	15.642	—		"	"
φ.201	+ .005 / - .001	.202	—		Vern M-OK	
.229	+/- .005	.229	—		"	"
2.00	+/- .010	1.998	—		"	"
.340	+0.0 / - .005	.3395	—		Mill M-01	
.830	+/- .005	.830	—		H-G B1006	
1.10	+/- .010	1.092	—		Vern M-OK	
.19	+/- .010	.197	—		"	
R.125	+/- .010	.125			R-G	
B.063	+/- .010	.063			"	

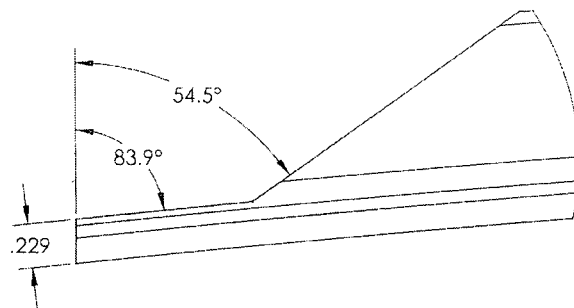
Measured by: <i>JS</i>	Audited by: <i>DAS</i> 25 9-89	Preliminary Approval:
Date: 12/10/17	Date: 12-10-19	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

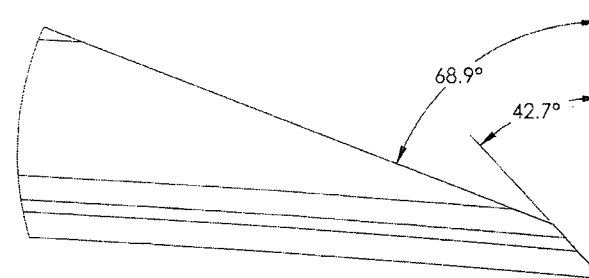
10.04.15

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 91280 MLO
12-10-05

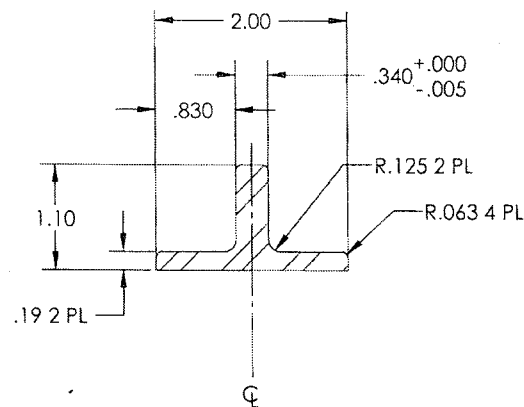
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR IN WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



DETAIL A $\frac{1}{C2}$



DETAIL B $\frac{1}{C8}$



SECTION A-A
TYP $\frac{1}{C3}$

9/280

ORIGINAL DATE (MM-DD-YY)		CLASSIFICATION	
DRAWN BY	CHECKED	DATE	REV
J. JACKSON	P. BRAYO		
DRAWING APPROVAL			
P. BRAYO			
CONTRACT NO.			
2			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS PER INCHES INCHES FRACTIONS DECIMALS			
DATE	CAGE CODE	UNGS 150	REV
9/8	07M26	647.0200	N/C
SCALE: NONE		SHEET 2 OF 2	

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

RAIL



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO18206

Purchase Order Date 10/22/12

PO Print Date 10/22/12

Page Number 2 of 2

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Contact Name

Vendor Phone

613-446-4544

Vendor Fax

613-446-4556

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

4	91380	D4410-11 SHIM	10/24/12 Yes	10.00	Dart Truck	\$4.5000	\$45.00
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Special Inst: BLACK ANODIZE AS PER:
MIL-A-8625F TYPE I OR IB/IC/II OR IIB
CLASS 2

5	91374	D4410-9 TRIGGER	10/24/12 Yes	12.00	Dart Truck	\$4.5000	\$54.00
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Special Inst: BLACK ANODIZE AS PER:
MIL-A-8625F TYPE I OR IB/IC/II OR IIB
CLASS 2

6	91280	647.0210 RAIL	10/24/12 Yes	10.00	Dart Truck	\$11.0000	\$110.00
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Special Inst: FINISH: HARD ANODIZE AS PER IAW
MIL-A-8625 TYPE III
CLASS 2, COLOR BLACK

PO Total: \$337.00

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Delivery by Dart (checked)

W

CL

No substitution or deviation without consent.

Certificate of Conformity or Material
Certification required - YES NO

Change Nbr: 1

Change Date: 10/22/12



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62001

Date: 24-Oct-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

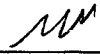
DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
10 ea	Part: 647.0210 RAIL HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120647	Rev:	Line:
PO: PO18206			
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: <u>24/10/12</u>			
CERTIFIED SIGNATURE: <u></u>			
RECEIVER SIGNATURE: _____			